

**Iowa Medicaid
Medicaid OCE Edits**

OCE Edit #	Description	Type of Edit	Medicare Disposition	Medicaid Disposition	MMIS Edit	EOB
1	Invalid diagnosis code	Diagnosis	RTP	Claim Denial	459	817
2	Diagnosis and age conflict	Diagnosis	RTP	Claim Denial	459	817
3	Diagnosis and sex conflict	Diagnosis	RTP	Claim Denial	459	817
5	E-diagnosis code cannot be used a principal diagnosis	Diagnosis	RTP	Claim Denial	459	817
6	Invalid procedure code	Procedure	RTP	Claim Denial	459	817
8	Procedure and sex conflict	Procedure	RTP	Claim Denial	459	817
10	Service submitted for denial (condition code 21)	Claim	CLAIM DENIAL	Claim Denial	960	821
15	Service unit out of range for procedure ¹	Procedure	RTP	Claim Denial	459	817
17	Inappropriate specification of bilateral procedure (see Appendix A)	Procedure	RTP	Claim Denial	459	817
21	Medical visit on same day as a type "T" or "S" procedure without modifier 25 (see Appendix B)	Procedure	RTP	Claim Denial	934	824
22	Invalid modifier	Procedure	RTP	Claim Denial	459	817
23	Invalid date	Procedure	RTP	Claim Denial	960	821
24	Date out of OCE range	Procedure	SUSPEND	No OCE Edit posts	960	821
25	Invalid age	Procedure	RTP	Claim Denial	459	817
26	Invalid sex	Procedure	RTP	Claim Denial	459	817
27	Only incidental services reported ³	Claim	CLAIM REJECTION	Claim Denial	459	817
29	Partial hospitalization service for non-mental health diagnosis	Claim	RTP	Claim Denial	459	817
30	Insufficient services on day of partial hospitalization	Claim	SUSPEND	No OCE Edit posts	959	820
32	Partial hospitalization claim spans 3 or less days with insufficient services on at least one of the days	Claim	SUSPEND	No OCE Edit posts	959	820
33	Partial hospitalization claim spans more than 3 days with insufficient number of days having partial hospitalization services.	Claim	SUSPEND	No OCE Edit posts	959	820
34	Partial hospitalization claim spans more than 3 days with insufficient number of days meeting partial hospitalization criteria	Claim	SUSPEND	No OCE Edit posts	959	820
35	Only Mental Health education and training services provided	Claim	RTP	Claim Denial	459	817
37	Terminated bilateral procedure or terminated procedure with units greater than one	Procedure	RTP	Claim Denial	459	817
38	Inconsistency between implanted device or administered substance and implantation or associated procedure	Procedure	RTP	Claim Denial	962	822
39	Mutually exclusive procedure that would be allowed by NCCI if appropriate modified were present	Procedure	LINE ITEM REJECTION	Line Denial	936	825
40	Code 2 of a code pair that would be allowed by NCCI if appropriate modified were present	Procedure	LINE ITEM REJECTION	Line Denial	937	826
41	Invalid revenue codes	Procedure	RTP	Claim Denial	459	817
42	Multiple medical visits on same day with same revenue code without condition code G0 (See Appendix B)	Procedure	RTP	Claim Denial	459	817
43	Transfusion or blood product exchange without specification of blood product	Procedure	RTP	Claim Denial	459	817
44	Observation revenue code on line item with non-observation HCPCS code	Procedure	RTP	Claim Denial	459	817
46	Partial hospitalization condition code 41 not approved for type of bill	Procedure	RTP	Claim Denial	960	821
48	Revenue center requires HCPCS	Procedure	RTP	Claim Denial	459	817
53	Codes G0378 and G0379 only allowed with bill type 13x or 85x	Procedure	LINE ITEM REJECTION	Line Denial	930	823
54	Multiple codes for the same service	Procedure	RTP	Claim Denial	459	817
55	Non-reportable for site of service	Procedure	RTP	Claim Denial	459	817

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57	Composite E/M condition not met for observation and line item date for code G0378 is 1/1	Procedure	SUSPEND	Suspend	458	816
58	G0379 only allowed with G0378	Procedure	RTP	Claim Denial	459	817
59	Clinical trial requires diagnosis code V707 as other than primary diagnosis	Procedure	RTP	Claim Denial	459	817
60	Use of modifier CA with more than one procedure not allowed	Procedure	RTP	Claim Denial	459	817
63	This OT code only billed on partial hospitalization claims (See Appendix C)	Procedure	RTP	Claim Denial	459	817
64	AT service not payable outside the partial hospitalization program (See Appendix C)	Procedure	LINE ITEM REJECTION	Line Denial	939	827
65	Revenue code not recognized by Medicare	Procedure	LINE ITEM REJECTION	Line Denial	930	823
70	CA modifier requires patient status code 20	Procedure	RTP	Claim Denial	459	817
73	Incorrect billing of blood and blood products	Procedure	RTP	Claim Denial	459	817
74	Units greater than one for bilateral procedure billed with modifier 50	Procedure	RTP	Claim Denial	459	817
75	Incorrect billing of modifier FB or FC	Procedure	RTP	Claim Denial	459	817
76	Trauma response critical care code without revenue code 068x and CPT 99291	Procedure	LINE ITEM REJECTION	Line Denial	930	823
79	Incorrect billing of revenue code with HCPCS code	Procedure	RTP	Claim Denial	459	817
80	Mental health code not approved for partial hospitalization program	Procedure	RTP	Claim Denial	459	817